Pre-Deployment Medical Readiness Preparation

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SUMMARY:

With emphasise on medical readiness preparation for the deployment of forces to a NATO/Multinational Military Mission, the paper will cover the following topics:

- NATO Medical Support Principles and Policies
- Medical Operational Principles
- Allied Joint Medical Support Doctrine
- Crucial Aspects of the Most Likely Types of Current and Future Operations (Medical)
- Force Protection, Medical Force Protection and Medical Force Protection Assessment
- Life-Cycle Medical Surveillance for Operational Deployment
- Pre-Deployment Medical Readiness Preparation and Baseline Assessment

DISCUSSION:

NATO Medical Support Principles and Policies

The Alliance's New Strategic Concept, the Military Committee (MC) Directive for Military Implementation of the Alliance's Strategic Concept, NATO Force Structures and NATO's Concept of Reinforcement, all have implications for the Medical Support of Alliance Forces. The "NATO Principles and Policies for Logistics" stated that "General logistics policies apply in most measures to the medical support function. However medical support guidance must be governed in addition by specific medical factors". Consequently, "Medical Support Precepts and Guidance for NATO" was approved by the Military Committee on 15 Jan 93 and issued as MC 326. Based upon lessons learned in exercises and operations since the issue of MC 326, and to ensure consistency with the revised "NATO Principles and Policies for Logistics", the Committee of the Chiefs of Military Medical Services in NATO (COMEDS) directed the expansion and updating of MC 326 to provide guidance on medical support concepts for NATO and National Authorities. The document has been renamed "NATO Medical Support Principles and Policies" to bring it into accord with the "NATO Principles and Policies for Logistics". In June 1999 the MC approved and published the new MC 326/1. The purpose of this document is to expand on MC 326 and, taking into account the developments of modern medicine, to set forth the principles and policies for medical support to allied military forces in operations, and to give guidance on medical support concepts to NATO and national authorities so that they may develop compatible medical support concepts, plans, structures and procedures. It addresses only the operational aspects of medical support and excludes the clinical aspects of medical care. The principles and policies set out in this document apply in peace, crisis and conflict, and include Article 5 Operations as well as non-Article 5 operations. They also apply to operations within the framework of the Combined Joint Task Force concept and for non-NATO nations in NATO-led operations.

Medical Operational Principles

Within the enumeration of principles of medical support, which relate to operational support from the NATO policy level to the planning constraints levels, some principles concerning medical readiness preparation are listed in MC 326/1 as follows:

- **Readiness and Flexibility.** Medical units and staff must be at the same state of readiness and availability as the force they support with the flexibility to meet the demands of evolving operational scenarios.

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- **Transition from Peace to Crisis or Conflict.** The medical support in crisis and conflict must originate from peacetime military healthcare systems by a progressive reinforcement. Medical readiness and availability must be sufficient to allow for the smooth transition from peacetime to crisis or conflict posture.
- **Medical Materiel Readiness and Sustainability.** Levels and distribution of medical materiel must be sufficient to achieve and maintain designated levels of readiness, sustainability and mobility to provide the required military capability during peace, crisis and conflict.

The intricate nature of NATO and other multinational operations and the principles, which govern them, are obvious and this applies to the respective health care management, too. The determinants are further complicated by financial and resource limitations and by the reaction time of a highly complex political decision cycle. Comprehensive medical plans and a high state of readiness with respect to resources are essential to permit a rapid, efficient and flexible response and to provide a medical support capability that must be complete, coherent and present from the earliest phase of any operation.

Allied Joint Medical Support Doctrine

Based on the NATO Medical Support Principles and Policies laid down in MC 326/1 and the experiences gained from Bosnia, during NATO's first land force deployment, work continued to further develop the Alliance's medical support doctrine. This happened and is still carried out within the preparation of a series of Allied Joint Operational Doctrine and Allied Joint Logistics Doctrine. In March this year the ratification draft to the "Allied Joint Medical Support Doctrine" (AJP-4.10) was distributed to the NATO Nations. The document responds to newly agreed NATO policies and principles, the reality of nations' changing force structures, and NATO's expanding operational interests. The aim of that publication is to provide medical support doctrine for NATO multinational joint operations and essential material for medical planning staffs. It forms a doctrinal bridge between medical support principles and policies included and planning guidelines. The medical support doctrine allows considerable flexibility. It does not reflect nor exclude any particular nation's approach to medical support. The doctrinal framework is focused on "how to think" rather than "what to think" and does not preclude close co-operation between the nations, even if some differences in national doctrines exist. Hence different options for co-operation in medical support are offered to be tailored on a case by case basis. The document provides a detailed overview of the interactions between medical and other staffs. The statement that "in NATO, Medical is part of Logistics" is true but incomplete. It poorly reflects the span of collaboration and interactions across the entire spectrum of the command staff elements that is required from the medical staffs in operations. In fact medical staffs operate in a highly specialised and multifaceted environment, which involves linkages and interface with all key NATO commander staffs, of which logistics is only one part.

Crucial Aspects of the Most Likely Types of Current and Future Operations (Medical)

Presently, smaller, more localised, operations such as peace keeping, peace support or crisis response are probably going to be the most common operations for NATO and/or other multinational formations in the short and medium term.
From the medical viewpoint, crucial aspects of the most likely types of current and future operations are:

- Joint operations
- Combined (or multinational) staffs and force structures
- High degree of flexibility and mobility
- Variable and low average casualty rates
- Emphasis on medical support as close as possible to national peacetime standards
- Emphasis on force protection at all levels, to assess medical support readiness, share lessons learned and good ideas, and identify issues for command awareness
- Emphasis on environmental hazards leading to the need for preventive medicine based on accurate health information
- High level of media coverage leading to more public focus on the need for adequate medical support and more influence on morale of troops and public support
- Requirement to support humanitarian emergency situations together with International Organisations, Governmental and Non-Governmental Organisations (NGOs)

Force Protection, Medical Force Protection and Medical Force Protection Assessment

Within the framework of medical support and health care management as regards NATO /multinational military missions, now, I would like to focus on the aspect of pre-deployment medical readiness preparation.

Force protection may be defined as the protection of personnel, facilities, and equipment in all locations and situations.
Three primary focus areas for force protection programmes established by NATO commanders, and incumbent upon all contributing nations for proactive collaboration, include the following:

- Physical and Operational Security:
- Guarding personnel and material against hostile intent.
- Safety:
- Protecting individuals against injuries from inappropriate procedures and inattention.
- Health:
- Protecting individuals against the physical environment and disease.

In a medical context, force protection is the conservation of the fighting potential of a force so that it is healthy, fully combat capable, and can be applied at the decisive time and place. It consists of actions taken to counter the debilitating effects of environment, disease, and selected special weapon systems through preventive measures for personnel, systems, and operational formations.

Medical force protection programmes will cover the following key tasks:

- An assessment of the adequacy and readiness status of the medical support structure to provide required medical services.
- Education and training campaigns to protect and promote the health of the troops.
- The promotion of what works well across the entire force.
- The identification and working towards resolution of critical issues and shortfalls.

The medical force protection assessment focuses on the readiness of the medical support structure to prevent and respond to personnel injuries and illnesses (i.e. organisational and planning readiness). Major categories of criteria for conducting this assessment include Standardisation and Operational Plans.
Medical support capabilities, which may serve as qualitative items for assessment, include:

- Air, maritime and ground evacuation capabilities
- Emergency surgery and treatment capabilities
- Epidemiological surveillance and medical reporting functions
- Medical information collection and intelligence functions
- Preventive and veterinary services functions
- Preventive and health education for deployed troops
- Overall medical planning functions
- Medical support to Non-NATO personnel and humanitarian assistance

The conduct of deployed force exercises requires also assessment functions to be performed to key aspects of medical support. Assessment criteria utilised for this function may focus on a range of both organisational, resource, and performance characteristics of the medical support structure, for the exercise and training forces, and for home based units supporting insertion of exercise forces.

Life-Cycle Medical Surveillance for Operational Deployment

Military personnel deploying to various regions around the world may encounter significant infectious disease, operationally based and environmental health risks. Disease and Non-Battle Injuries are potentially a greater threat than Battle Casualties are to the effectiveness of operational units and the success of the overall mission. Life-cycle medical surveillance, prior to, during, and post deployment, must be an command priority for both effectively achieving the mission, and concerning the health and welfare of all deployed personnel. Personnel must deploy fit and healthy, maintain this readiness state during the operation, and then be harmonised back into their post deployment family and military life. Due to the complexities of modern operating environments with multiple exposure risks and mental stress factors this life-cycle focus has become a prominent responsibility. Hence, proactive surveillance by multidisciplinary health professionals across the full life cycle of deployment operations is required. Integration of information across all successive phases is critical to examine cause-and-effect relationships and to make adjustments in medical preparation and support, based on the health status of forces monitored across the full deployment life cycle. There is a need, both at national and multinational

formation level, to bridge the full life-cycle of specific operations and maintain focus on health issues germane to the entire force for important feedback. This serves both follow-on forces planning for longer-term operations and tailoring and enhancing life-cycle medical surveillance for future operations. The life-cycle assessment demands participation by national and multinational formation health professionals who interface with medical staff involved with each component phase of individual deployments. Information exchange is essential. This exchange must comply with the contributing nations and multinational formation fundamental governing principles, standards and laws, including national approval, medical-patient confidentiality, legal requirements and limitations.

Pre-Deployment Medical Readiness Preparation and Baseline Assessment

National and multinational formation command emphasis must be placed on personnel readiness before deployment so that medical (including dental and mental health) fitness and preparedness for duty upon arrival in a theatre of operation are maximally achieved.

This requires that each contributing nation establish medical pre-deployment criteria and a system for administration, which includes, at a minimum, screening personnel for the following:

- **Physical and Dental Fitness.** Compliance with contributing nations' and, when defined, with NATO fitness requirements (contained in relevant medical standardisation agreements), for personnel prior to deployment.
- **Mental Fitness.** Compliance with cont5ributing nations' and, when defined, with NATO medical requirements.
- **Immunisation Coverage.** Compliance with both the standardisation agreement *(STANAG 2037)* "Vaccination of NATO Forces" requirements and in response to medical intelligence summaries for specific operations (e.g. as contained in the relevant operational plan). Appropriate immunisations must be given to all deployed personnel, as guided by medical intelligence estimates of the infectious health risk.
- **Preventive Medicine Training.** Training should at a minimum include emphasis on preventive medicine measures for key infectious disease and environmental health risks, and on core preventive medicine principles, including following good personal hygiene and sanitation.
- **Baseline Medical Surveillance Documentation.** Increasing national and international emphasis is being placed on establishing strong baseline medical surveillance for deployed military forces due to illnesses and disabilities liability for multinational troops upon return from field deployments.

Each nation has clear primary responsibility and liability incentive at the pre-deployment phase of operations for establishing and effectively executing a comprehensive baseline medical surveillance programme, to include both physiological and psychological health status. Although establishing objectives and executing a baseline medical surveillance are fundamental national responsibilities, the NATO or multinational formation commander has a collective responsibility for assuring that nations participating in NATO operations deploy healthy, fit-to-fight and sustainable forces as part of the team. NATO standardisation objectives involve harmonisation and integration of fitness requirements from member and participating nations.